

# Mental Health and Developmental Disabilities Commission

## MH/DD System Redesign

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# Presented by:

- Michael R. Bergan, Decorah, IA,  
Chair of the MH/DD Commission
- Linda Kellen, Sioux City, IA,  
Vice-Chair of the MH/DD Commission

# MH/DD Commission is a policy making board appointed by the Governor

- 3 county supervisors
- 2 CPC's
- 1 person from Mental Health Center Board
- 1 provider of DD services
- 1 provider of children's services
- 1 person from AFSCME union
- 3 consumer reps
- 2 from advocacy groups including one from BI organization
- 2 people nominated by DHS

# Who Worked on System Redesign

The MH/DD Commission

Over 150 volunteers across the state

# Stakeholders

- Individuals receiving services
- Family members
- Advocates
- Service Providers
- County CPC's and Supervisors
- Variety of representatives from DHS, Education, Corrections, Public Health, Magellan, Vocational Rehabilitation, etc.

# Redesign Goals

- Enable people to live, learn, work, recreate, and contribute in their chosen communities
- Use person-centered values and principles
- Fund core services to more people statewide
- Equalize county funding obligations
- Distribute funds more equitably

# Related Initiatives in Iowa

- Medicaid expansion
- Olmstead Real Choices Consumer Task Force

# MH/DD Annual Report

- Insurance Parity
- Corrections
- Children's MHDD system
- Olmstead compliance
- Enhanced support and training for direct-care workers



# MH/DD Annual Report (Cont.)

- Personal Assistant Services
- Peer Support
- Allowable growth funding to counties
- Eliminate waiting lists
- Fund MHDD Commission activities

# MH/DD Redesign Goals

When we are finished, people will have

1. Universal Access
2. Links to Basic Supports
3. MHDDDBI Eligibility
4. Core Services
5. Residency

# Universal Access

1. The new system will assure universal access to information and outreach, to initial service coordination, and to crisis services.

# Links to Basic Support

2. The system will link individuals with disabilities to basic supports such as housing assistance, utility assistance, food assistance, transportation, medical and dental care

# MHDDBI Eligibility

3. Adults with mental illness, serious mental illness, mental retardation, developmental disabilities other than mental retardation, or disability due to brain injury will be eligible if they meet **standardized functional assessment** criteria and either qualify for Medicaid funding or have an **income** below 150% of the federal poverty level.

# Core Services

4. The system will provide funding for core services including coordination and monitoring services, community services and supports, inpatient services, and residential services.

# Residency

5. Funds will be available where each individual resides and will not be determined on a calculation of “legal settlement”. While this does not assure that each core service will be available in every locality, it does assure equal access to services.

# Funding

Funds will come from county property taxes, state appropriations, federal funds, and other sources.



# Funding: Counties

- Counties will contribute at an equalized property tax rate threshold.

# Funding: State and Federal

1. One statewide MHDDBI fund will be created.
2. The fund will be distributed to counties using case rates based on functional assessments of eligible individuals. This assures that individuals have access to available funding based on their individual needs.

# Implementation Phases

- 1. Authorize the new system, collect data
- 2. Equalize property tax, distribute state and federal funds using case rates
- 3. Assure core services statewide
- 4. Fund eligible individuals where they live

# Phase 1

- Legislature authorizes the new system and directs the collection of fiscal data and tools.
- MHDD Commission guides DHS and counties in the collection of fiscal data and tools.
- Fund functional assessment and case rate development

# Phase 2

- Equalize the property tax rate and implement the new case rate method for distributing MHDDBI funds to counties.

# Phase 3

- Assure funding for cores services statewide with consistent eligibility criteria.

# Phase 4

- Convert to Legal Residency.
- Counties no longer provide services based on legal settlement. Instead, they provide services for people who live in the county.

# What Happens Now

- BLUEPRINT FOR DHS and County changes
- Comprehensive Bill that incorporates the MHDD System Redesign Report



# THIS SESSION

Pass Legislation to Implement Phase 1,  
with funding for identified needed services.

# Phase 1

- Legislature authorizes the new system and directs the collection of fiscal data and tools.
- MHDD Commission guides DHS and counties in the collection of fiscal data and tools.
- Legislature appropriates 5 million dollars for needed services.

# 5 Million for Needed Services

• Brain Injury Waiver	• 1,175,000
• Personal attendant Service	• 1,050,000
• Consumer directed budgeting	• 1,454,700
• Assertive Community Treatment, Intensive Psychiatric Rehab	• 475,000
• Prison to Community	• 240,000
• Community Housing	• 400,000
• Assessment tools/case rates	• 200,000

# After This Session

Use Redesign Report as a  
**BLUEPRINT FOR CHANGE**

# For more information

- Iowa Department of Human Services web site [www.dhs.state.ia.us/publications/asp](http://www.dhs.state.ia.us/publications/asp)
- Contact Becky Flores, Project Manager, at [Bflores1@dhs.state.ia.us](mailto:Bflores1@dhs.state.ia.us) or 515-281-4593